

**SUPERIOR COURT OF WASHINGTON  
IN AND FOR SNOHOMISH COUNTY**

In the Guardianship of:

\_\_\_\_\_  
A Minor.

CASE NO. \_\_\_\_\_

**DECLARATION OF COMPLETION OF  
GUARDIANSHIP OF MINOR  
RCW 11.88.140(2); RECEIPT AND  
WAIVER OF NOTICE**

**GR 6 12-05**

**(Clerk's Action Required)**

**1. Legal Age:**

The minor above named attained eighteen (18) years of age on the

Date (mm/dd/yyyy): \_\_\_\_\_

**2. Delivery of Assets:**

The Guardian(s), \_\_\_\_\_

Has/have paid or transferred all of the minor's assets in the Guardian's possession or control to said former minor, who has signed a receipt for all such accounts, funds, and assets, and a waiver of notice, as set forth below.

**3. Completion:**

The Guardian(s) has/have completed the administration of the estate, and the Guardianship is ready to be closed as to said minor.

**4. Fees:**

The total amounts of fees paid to the Guardian(s), attorneys, and accountant are:

	Amount	Source of payment
<b>Guardian:</b>		
<b>Attorneys:</b>		
<b>Accountant:</b>		

**5. Notice of Filing:**

The original of this Declaration of Completion shall be filed with the Court.

**6. Finality:**

The Guardian(s) believe(s) that the fees paid are reasonable and does/do not intend to obtain Court approval of the amount of the fees or to submit a Guardianship estate accounting to the Court for approval.

I/We certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my/our knowledge the statements above are true and correct.

Signed at \_\_\_\_\_, Washington

Dated (mm/dd/yyyy): \_\_\_\_\_

Guardian(s): \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Printed Name of Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**RECEIPT OF FUNDS AND PROPERTY AND WAIVER OF NOTICE**  
**OF FURTHER COURT PROCEEDINGS**  
**(Notarization Required)**

I \_\_\_\_\_, Being now  
Eighteen (18) years of age, or older, do acknowledge receipt of all funds or other property previously held for me by  
my above named Guardian(s). ITEMIZE HERE: \$\_\_\_\_\_ in cash and/or bank or broker's accounts,

and /or \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, understand that under the laws of the State of Washington (RCW 11.88.140(2)), I have the right to have notice  
mailed to me of the filing of the Guardian's Declaration of Completion and my right to file and serve a petition  
requesting the Court to review the same or for an accounting within thirty (30) days after the filing of the  
Declaration of Completion. I hereby waive (give up) the right to such notice.

**Printed Name of Former Minor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number: (     )** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Minor)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
NOTARY Public RESIDING IN \_\_\_\_\_

My Commission Expires \_\_\_\_\_